

ST. ROMUALD PRESCHOOL PROGRAM

REGISTRATION FORM 2017-2018

PLEASE FILL OUT THIS FORM *COMPLETELY*. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any changes in employment, residence, or phone numbers. Thank you!

CHILD'S INFORMATION

CHILD'S FULL NAME:	DATE OF BIRTH:
Nickname (if used):	Sex : M F
Address:	
City:	State Zip:
Days attending ___M ___T ___W ___TH ___F	
Where child will attend Kindergarten:	

PARENT INFORMATION

Mother's Name _____	Cell # _____
Place of Employment _____	Work # _____
Home Address _____	
Email address _____	Home # _____
Father's Name _____	Cell # _____
Place of Employment _____	Work # _____
Home Address _____	
Email address _____	Home # _____
With whom does the child reside? Mother, Father, Both, Other _____	
Who will be responsible for tuition payments? _____	
Which of the above is your preferred method of contact? _____	

FAMILY INFORMATION

Please list all siblings:

Name	Age	Lives at home?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other family members living in the household and their relationship to the child. _____

Church Family Attends : _____

RELEASE INFORMATION

THE FOLLOWING ADULTS HAVE MY PERMISSION TO PICK UP MY CHILD FROM PRESCHOOL:

Name	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you need to have someone who is not listed to pick up your child, please send a signed note on that day giving permission for us to release your child to this person. We will only release your child to persons for whom you have given your written permission.

Signed _____ Date _____

Is there anything else you would like us to know about your child? (allergies, special health conditions, medication, fears, etc.)

